

# EXHIBIT F

**BARD<sup>®</sup> MDU<sup>SM</sup>**  
PHYSICIAN EDUCATION CONTINUUM**TRAINING VERIFICATION FORM**

**Preceptor Name:** Barbara Nylander, MD & Carl Wingo, MD

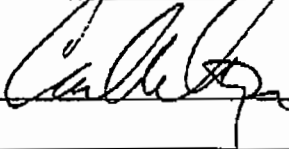
**Training Date:** 01/16/2008

**Phone Number:** 615-329-5060

**Hospital Name:** CENTENNIAL WOMEN'S

**Address:** 2221 MURPHY AVENUE

**City/State/Zip:** NASHVILLE, TN 37203

**Preceptor Signature:** 

Physician Name (Print)	Date	Procedure(s) Performed	Product(s) Used
Dr. Janet Dittus	01/16/2008	Anterior or Posterior Avaulta	AVAVULTA

Please return by email at [Bard.MDU@crbard.com](mailto:Bard.MDU@crbard.com) or fax to 1-866-382-3383.

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